

PETITION FOR THE WITHDRAWAL OF PERMIT PARKING
CITY OF COLLEGE PARK, MARYLAND
(MUST BE PRINTED LEGIBLY)

DATE: _____

We, the residents of _____ request the withdrawal of permit parking for:
(Location)

_____ between _____ and
(Name of Street) (Location)

(Location)

Contact Name: _____ Phone number: _____

The name and address of each petitioner must be printed legibly or typewritten. The petitioners must represent 50% of participating households in the affected area. For each multi-family dwelling, the signature of the owner or agent is required. Duplicate this form for additional signatures. For further information, see Chapter 151 of the College Park City Code.

Removal of permit parking is considered necessary because: _____

The days and times that permit parking is currently in force are: _____

NAME	SIGNATURE	ADDRESS

Return completed form to the City Clerk's Office, 4500 Knox Road, College Park, MD 20740, 240-487-3501.